EXHIBIT B

PRO						
Name of Debtor: Case Nu	ımber:	RECEIVED AND FILED				
USA COMMERCIAL MORTGAGE CO. 06-	10725-LBR					
NOTE: See Reverse for List of Debtors and Case Numbers. This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503. Name of Creditor and Address:	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.	U.S. BANKRUPTCY COURT PATRICIA GRAY, CLERK				
BARCIA, DANIEL 1 (08 PICKET COURT REND, NV, 89521 Creditor Telephone Number () 775 - 851 - 8725	Check box if you have never received any notices from the bankruptcy court or BMC Group in this case. Check box if this address differs from the address on the envelope sent to you by the court.	DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS. If you have aiready filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again. THIS SPACE IS FOR COURT USE ONLY				
Last four digits of account or other number by which creditor identifies debtor:						
CLIENT ID 1216	Check here replace or if this claim amen	a previously filed claim dated:				
Retiree benefits as defined in 11 U.S.C. § 1114(a) Unremitted principal						
2. DATE DEBT WAS INCURRED: 3. IF C	OURT JUDGMENT, DATE O	(date) (date)				
4. CLASSIFICATION OF CLAIM. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations. UNSECURED NONPRIORITY CLAIM \$ Check this box if a) there is no collateral or lien securing your claim, or b) your claim is entitled to priority. UNSECURED PRIORITY CLAIM Check this box if you have an unsecured claim, all or part of which is entitled to priority. Amount entitled to priority \$ Specify the priority of the claim. Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) Wages, salaries, or commissions (up to \$10,000)*, earned within 180 days before filling of the bankruptcy pettion or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). Taxes or pensities owed to governmental units - 11 U.S.C. § 507(a)(5). AT TIME CASE FILED: (unsecured) Check this box if your claim is secured by collateral (including a right of setoff). Brief description of collateral: Value of Collateral:						
8. DATE-STAMPED COPY: To receive an acknowledgment of the filing of y proof of claim. The original of this completed proof of claim form must be sent by mail of ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing for each person or entity (including individuals, partnerships, corporation governmental units). BY MAIL TO: BY MAIL TO: BY COORD BMC Group BMC Group Attn: USACM Claims Docketing Center Attn: USACM Claims Docketing Center P. O. Box 911 BISGN and print the name and title, if any, of the creditor of this claim (attach copy of power of attorney if any):	our claim, enclose a stamped or hand delivered (FAXES No ig Pacific time, on Novemberns, joint ventures, trusts and OR OVERNIGHT DELIVERY TO: up ICM Claims Docketing Center t Franklin Avenue do, CA 90245	or this space for court use only of this this space for court use only d				
JAN 3, 2007 1912	ANIEL RARE	1.A				

Doc 8698-2 Entered 07/24/11 13:55:04 Page 3 of 11 Case 06-10725-awz FORM B10 (Official Form 10) (10/05) DISTRICT OF Nevada UNITED STATES BANKRUPTCY COURT PROOF OF CLAIM Name of Dubtor Case Number S.A. COMMERCIAL MORTGAGE CO 06-1072 NOTE. This form should not be used to make a claim for an administrative expense arising after the commencement of the case A request' for payment of an administrative expense may be filed pursuant to 11 U.S.C § 503 Name of Creditor (The person or other entity to whom the Check box if you are aware that anyone else has filed a proof of claim relating to debior owes money or property)

JOHN C. BARZANG ROSEMAKIEA

BARZAN your claim Attach copy of statement giving particulars. BARZAN FAMILY TRUST (DATED Check box if you have never received any Name and address where notices should be sent notices from the bankruptcy court in this 1409 MORADA DRIVE MODESTO, CA. 95350-0655 Check box if the address differs from the address on the envelope sent to you by THIS SPACE IS FOR COURT USE ONLY Telephone number (209) 529 - 4385 the court. replaces Last four digits of account or other number by which creditor Check here amends a previously filed claim dated identifies debtor of this claim Retiree benefits as defined in 11 USC. § 1114(a) Basis for Claum Wages, salaries and compensation (fill out below) Goods sold Last four digits of your SS # Services performed Unpaid compensation for services performed Money loaned Personal injury/wrongful death from Taxes (date) (date) SEE EXHIBIT F Other · If court judgment, date obtained. Date debt was incurred: 4. Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations. Secured Claim Unsecured Nonpriority Claim \$ 126 82 Check this box if your claim is secured by collateral (including Check this box if a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or a right of setoff) only part of your claim is entitled to priority Brief Description of Collateral Real Estate | Motor Vehicle Other-**Unsecured Priority Claim** Value of Collateral \$_ Check this box if you have an unsecured claim all or part of which is entitled to priority Amount of arrearage and other charges at tune case filed included in secured claim, if any \$ Amount entitled to priority \$_ Up to \$2,225* of deposits toward purchase, lease, or rental of property Specify the priority of the claim or services for personal, family or household use - 11 USC Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or § 507(a)(7) Taxes or penalties owed to governmental units - 11 USC § 507(a)(8) Wages, salaries, or commissions (up to \$10 000) * earned within 180 Other - Specify applicable paragraph of 11 USC § 507(a)(_ days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4) *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment Contributions to an employee benefit plan - 11 U.S.C § 507(a)(5) 126,82152 \$ 126,82133 126.8215 Total Amount of Claim at Time Case Filed: (Total) (unsecured) (secured) (priority) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges 6. Credits. The amount of all payments on this claim has been credited and deducted for the purpose of THIS SPACE IS FOR COURT USF ONLY making this proof of claim.

Interest or additional charges
 Credits. The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.
 Supporting Documents: Attach copies of supporting documents such as promissory notes, purchase orders invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain. If the documents are voluminous, attach a summary
 Date-Stamped Copy. To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

FILED JAN 1 2 2007

1/10/07

Date

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)

Some Barzen Rosemarie & Barzan

50 HN. C. BARZAN ROSEMARIE A. BARZAN

USA CMC 1072502228

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	PROOF OF CLAIM			
Name of Debtor	Case Number			
USA COMMERCIAL MORTGAGE COMPANY	06-1	0725-LBR		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expansing after the commencement of the case. A request for payment administrative expense may be filed pursuant to 11 U S C § 503 Name of Creditor and Address		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement aware particulars.		FILED JAN 12 201
BROOKS BISHOFBERGER 1727 GOLDEN HORIZON DRIVE LAS VEGAS, NV 89123-2433 Creditor Telephone Number (702) 269 4846		statement giving particulars Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address differs from the address on the envelope sent to you by the court	SECURED INTER ONE OF THE DE If you have air Bankruptcy Court	IIS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT BTORS eady filed a proof of claim with the or BMC you do not need to file again CE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies of	debtor	Check here replace or f this claim amen	 a previously 	filed claim dated
1 BASIS FOR CLAIM Goods sold Personal injury/wrongful death Taxes Money loaned Other (describe briefly) DIRECT LOANS/LOAN SERVICING AGREEMENT/D	Wages s	penefits as defined in 11 U S salaries and compensation (digits of your SS #	C § 1114(a) fill out below)	Unremitted principal Other claims against services (not for loan balances)
2 DATE DEBT WAS INCURRED PRE-PETITION & POST-PETITION			BTAINED	(date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that				he time case filed
See reverse side for important explanations	NG	SECURED CLAIM		
UNSECURED NONPRIORITY CLAIM \$ 54,458 35 + ACCRUINTERE Check this box if a) there is no collateral or lien securing your claim or b) exceeds the value of the property securing it or if c) none or only part of your chitled to priority	your claim	Check this box if you a right of setoff) Brief description of		red by collateral (including
UNSECURED PRIORITY CLAIM		Real Estate	_	Other
Check this box if you have an unsecured claim all or part of which is entitled to priority Amount entitled to priority \$\$		Value of Collateral	- \$	
Specify the priority of the claim		secured claim if any		at time case filed included in
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Wages salaries or commissions (up to \$10 000) earned within 180 days		Up to \$2 225 of deposits toward services for personal family of		
before filing of the bankruptcy petition or cessation of the debtors business whichever is earlier 11 U.S.C. § 507(a)(4)		Taxes or penalties owed to go Other Specify applicable para	vernmental units	11 U S C § 507(a)(8)
Contributions to an employee benefit plan 11 U S C § 507(a)(5)		Amounts are subject to adjust with respect to cases comment	stment on 4/1/07 ar	nd every 3 years thereafter
5 TOTAL AMOUNT OF CLAIM \$ \$ AT TIME CASE FILED		\$		\$ 54,458.35
(unsecured) Check this box if claim includes interest or other charges in addition to the	•	ecured) amount of the claim Attach ite	(priority) mized statement o	(Total) of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been cred 7 SUPPORTING DOCUMENTS Attach copies of supporting documents running accounts contracts court judgments mortgages security a DOCUMENTS If the documents are not available explain. If the documents are not available.	<u>iments,</u> su igreements locuments	ch as promissory notes purc s and evidence of perfection are voluminous attach a sur	chase orders inv of lien DO NO mmary	oices itemized statements of T SEND ORIGINAL
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim				envelope and copy of this
The original of this completed proof of claim form must be sent ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals partnerships of governmental units) BY MAIL TO	prevailin orporatio	g Pacific time, on N ovembe ns, joint ventures trusts an OR OVERNIGHT DELIVERY TO	13, 2007	THIS SPACE FOR COURT USE ONLY
BMC Group Attn USAC vl Claims Docketing Center P O Box 911 El Segundo CA 90245-0911	Attn USA 1330 East	up CM Claims Docketing Cente t Franklin Avenue do CA 90245	t IL t	D JAN 19 2007
DATE SIGN and print the name and title if any of the this claim (attach copy of power of attorn by the body of the thin claim (attach copy of power of attorn by the thin claim).	ney if any)	other person authorized to file KS BISHOFBERGE	ER	USA CMC

United States Bankruptcy Court	DISTRICT OF Nevada PROOF OF CLAIM
Name of Dubtor USA Commercial Mortgage Company	Case Number 06-10725-LBR RECEIVED AND FILE
NOTE This form should not be used to make a claim for an admini of the case. A request for payment of an administrative expense ma	strative expense arising after the commencement
Name of Creditor (The person or other entity to whom the dubtor owes money or property) Michael R Brines & Cindy G Brines Revocable Family Trust U/A Dated 11/5/94 C/O Michael R. Brines & Cindy G, Brines, TTEE Name and address where notices should be sent Michael R Brines 4935 El Sereno Avenue	Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach copy of statement PATRICIA GRAY, CLERY Check box if you have never received any notices from the bankruptcy court in this case Check box if the address differs from the
La Crescenta, Ca 91214-3018 Telephone number (818) 249-4344	address on the envelope sent to you by the court. This Space is for Court Use Only
Last four digits of account or other number by which creditor identifies debtor	Check here replaces a previously filed claim dated 12/07/06
I Basis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Other See Exhibit A	Retiree benefits as defined in 11 U S C § 1114(a) Wages salaries and compensation (fill out below) Last four digits of your SS # Unpaid compensation for services performed from
2. Date debt was incurred 03/04/03	3. If court judgment, date obtained
See reverse side for important explanations. Unsecured Nonpriority Claim \$ 385,559 79 Check this box if a) there is no collateral or lien securing you only part of your claim is entitled to priority Unsecured Priority Claim Check this box if you have an unsecured claim all or part of ventitled to priority Amount entitled to priority \$	Which is Real Estate Motor Vehicle Other— Value of Collateral \$ Unknown Amount of arrearage and other charges at time case filed included in secured claim if any \$ 5.829 00 Up to \$2,225* of deposits toward purchase lease or rental of property or services for personal family or household use - 11 U S C \$ 507(a)(7) Taxes or penalties owed to governmental units - 11 U S C \$ 507(a)(8) Other Specify applicable paragraph of 11 U S C \$ 507(a)() *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment
5 Total Amount of Claim at Time Case Filed Check this box if claim includes interest or other charges in add	\$ 385,559 74 385,559.79 \$385,559 79 (unaccured) (secured) (priority) (Total) Ittion to the principal amount of the claim. Attach itemized statement of all
Credits The amount of all payments on this claim has been making this proof of claim Supporting Documents Attach copies of supporting documents invoices itemized statements of running accounts control agreements and evidence of perfection of lien. DO NOT SEN documents are not available explain. If the documents are voluing addressed envelope and copy of this proof of claim. Date Sign and print the name and title, if any, of the file this claim (attach copy of power of attorion). Michael B. Brides, Trustee and Cindinal conditions.	ents, such as promissory notes, purchase icts court judgments, mortgages security D ORIGINAL DOCUMENTS If the minous, attach a summary ling of your claim, enclose a stamped, self-the creditor or other person authorized to mey, if any)

Penalty for presenting fraudulent claim. Fine of up to \$500 000 or imprisonment for up to 5 years or both 18 USC \$1



FORM BID (Official I	*Ollit 10) (10/05)					
UNITED STAILS B	ANKRUPTCY COURT	Dis	TRICT (OF Nevada		OOF OF CLAIM
Name of Dubtor			Number			SOF OF CLAIM
USA COMM	ERCIAL MORTGAGE CO	1 0	5 10	725 XBR		
NOTE This form should of the case. A request	d not be used to make a claim for an adminis for payment of an administrative expense ma	strative exp y be filed	ense arts oursuant	ing after the commencer to 11 U.S.C. § 503	nent	
dubtor owes money or TRUSTEE 0	person or other entity to whom the property) RONALD A JOHNSON OF THE BURGARELLO TOX	else your	has filed claim ig partici		g to It	
Name and address who	re notices should be sent O A JOHNSON TRUSTEE R WAY	notic	es from	you have never receive the bankruptcy court in the address differs from	this	
	R WAY V 89431 6308 75 359 9415	addr the	ess on the	e envelope sent to you t	ov l	CT IS FOR COURT USE ONLY
identifies debtor	unt or other number by which creditor		k here s claim	amends a previous	ly filed claim da	ited
1 Rasis for Claim Goods sold Services per Money loar Personal inj Taxes	rformed		W	etiree benefits as define /ages salaries, and com ast four digits of your s npaid compensation fo om	pensation (fill or SS #	ut below)
Other _S	EE EI A			(date)		(date)
2. Date debt was in 200	ncurred 04 To 2/24/06	3.	If cou	rt judgment, date obt	ained	
4 Classification of C	laim. Check the appropriate box or boxes the	at best desc	inbe you	ir claim and state the ai	nount of the class	n at the time case file
	important explanations. rity Claim \$ 202, 800			ed Claim		
Check this box if b) your claim exceeds it only part of your claim	a) there is no collateral or lien securing your the value of the property securing it or if c) r i is entitled to priority	r claim, or none or	a right	Check this box if your of of setoff) Brief Description of Co	_	collateral (including
Unsecured Priority C				Real Estate M Value of Collateral	lotor Vehicle	
Amount entitled to prior	·		Amou secure	nt of arrearage and other	r charges <u>at time</u>	case filed included in
Specify the priority of the c	claim	,	Lin to \$2	2,225* of deposits towa	rd nurchase Jesse	on contail of account
	obligations under 11 USC § 507(a)(1)(A) or	-	or servic § 507(a)	es for personal, family	or household use	:- 11 USC
	commissions (up to \$10 000),* earned within the bankruptcy petition or cessation of the debto arlier - 11 U S C § 507(a)(4)	180 or's	Other - S	penalties owed to gove Specify applicable para	graph of 11 US (C § 507(a)()
	n employee benefit plan - 11 U S C. § 507(a)		ounis ar with resp	e subject to adjustment sect to cases commence	on 4/1/07 and eve d on or after the c	ry 3 years thereafter late of adjustment
	f Claim at Time Case Filed		202.8			202,800
Check this box if continued interest or additional	laim includes interest or other charges in add al charges.	tuon to the	(unsecum principa	td) (secured) al amount of the claim	(priority) Attach itemized :	(Total) statement of all
	nount of all payments on this claim has been	credited ar	nd deduc	ted for the purpose of	THIS SPACE IS	S FOR COURT USE ONLY
making this proof of 7 Supporting Docu-	claim ments Attach copies of supporting docume	ents such a	e nmm	ssorv notes nurchase		
orders invoices iter	mized statements of running accounts contra	cts, court j	udgment	ts, mortgages, security		
agreements and evi	dence of perfection of lien DO NOT SENI variable, explain If the documents are volun	D ORIGIN	AL DO	CUMENTS If the	EILER	AN 1 2 200
8. Date-Stamped Co	py To receive an acknowledgment of the file					1114 2 15 22
Date	and copy of this proof of claim Sign and print the name and title, if any, of the	he creditor	or other	person authorized to	_	USA CMC
1/8/07	file this claim (attach copy of power of attor	ecy if any)	•		1072502263

United States Bankruptcy Court District of Nevada					PROOF OF CLAIM
Name of Debtor	Cas	e Numb	er		11.00.01.004.01
USA COMMERCIAL MORTHAGE CO	USA COMMERCIAL MORTHAGE CO 06-10725-LBR				
NOTE This form should not be used to make a claim for an administ of the case. A request for payment of an administrative expense may	trative e	xpense a d pursua	nsinį ni to	after the commencement of USC \$ 503	1
		-	-		
Name of Creditor (The person or other entity to whom the dubtor owes money or property) VOLCELE COLLEGE				Ou are aware that anyone proof of claim relating to	
AN UNMARRIED WOMEN & CHARLES R	ус	our clain	a Att	tach copy of statement	NACIONAL PROPERTY OF THE PROPE
dibior owes money or property) VALERIC CALLAHAU, AN UNMARRIED WOMEN & CHARLES R MARADON AN UNMARRIED MAN 45 JOINT JENEUTS WITH RIGHT OF SURVIVERSHIP		ving par		rs ou have never received ai	or periods
Name and address where notices should be sent Chokes R MARAPEN	no	neck ood	n ye m th	ou have never received an	is the second of
17585 CREEK LACST DR	€ ca	se.			E
Reno, NV 89511				e address differs from the envelope sent to you by	
Telephone number 775 851 8898	the	e court.	mental		THIS SPYCE IS FOR COURT US, ONLY
Last four digits of account or other number by which creditor identifies debtor	1	neck ner this clair		replaces	filed claim dated
	ernestra minuscricio	uns ciar		diameter and the second	
1 Rasis for Claim		님		ree benefits as defined	
Goods sold Services performed		Ц	Las	t four digits of your SS	nsation (fill out below)
Money loaned				paid compensation for s	
Personal injury/wrongful death			fron	n	to
Other See Exhibit A				(date)	(date)
2. Date debt was incurred	3	If c	ourt	judgment, date obtan	red
4-18-05					
4 Classification of Claim Check the appropriate box or boxes th	at best d	escribe	your	claim and state the amoi	int of the claim at the time case filed
See reverse s de for important explanations Unsecured Nonpriority Claim 3294, 86942		1		i Claim	
			C	neck this pox if your clai	m is secured by collateral (including
Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it or if c)	r ciaim of none or	or an	ight (of setoff)	, , , , , , , , , , , , , ,
only part of your claim is chimica to priority	-	4		nef Description of Co'la	
Unsecured Priority Claim				· hvand	or Vehicle D Other
Check this box if you have an unsecured claim all or part of we entitled to priority	hich is			ilue of Collateral \$	
Amount entitled to priority \$				of arrearage and other claim of any \$ 42	narges at time case filed included in
	_	L			
Specify the priority of the claim	L	Up to or sea	SZ Z	225" of deposits toward s for personal "amily or	purchase lease or rental or property household use - 11 U S C
Domes is support obligations under 11 U.S.C. § 507(a)(1)(A) o	r —	§ 507	7(a)(7	7)	
Wages salaries or commissions (up to \$10 000) * earned within	ــا 180				mental units - 11 L S C § 507(a)(8)
days before filing of the bankruptcy petition or cessation of the debt business, whichever is earlier - 11 U S C § 507(a)(4)	ors L				ph o* 11 USC § 507(a)()
Contributions to an employee benefit plan - 1: USC & 507(a	•	a <i>mounis</i> with i	are respe	subject to adjustrient on ct to cases commenced o	4/1 '07 and every 3 years thereafter on or after the date of adjustment
5 Total Amount of Claim at Time Case Filed			-	9.42 29486942	
		france	rmr	(secured)	(manufacture)
Check this box if claim includes interest or other charges in add interest or additional charges	lition to	the prin	cipal	amount of the claim Ai	tach itemized statement of all
6 Credits The amount of all payments on this claim has been	credited	and de	ducte	ed for the purpose of	THIS SPACE IS FOR CHERT USE ONLY
making this proof of claim				• •	FIND DIVICED HAND CRIT USE ONLY
7 Supporting Documents Attach copies of supporting documents orders involves themselved statements of supporting documents	ents suc	h as pro	miss	ory notes purchase	
orders invoices itemized statements of running accounts contra agreements and evidence of perfection of lien DO NOT SEN	Cts, cour	rt judgm	ents	mortgages security	(Final Property Control of Contro
documents are not available, explain. If the documents are voluments are voluments are voluments are voluments.	minous :	attach a	sumi	nary rine	
8. Date-Stamped Copy To receive an acknowledgment of the file	ing of yo	our class	n en	close a stamped self-	LED JAN 11 2007
addressed envelope and copy of this proof of claim Date See and print the name and title if any of the	h o				
Date Sign and print the name and title if any of the creditor or other person authorized to file this flaim (attach Appy of power of attorney if any)					
1/8/07 / // // /		-			
" has landen					USA CMC
Penaity for presenting fraudulent claim. Fine of up to \$500,000 or	ımprison	ment fo	rup	to 5 years or both 18 U	S C 1072502061

	aar come roj (10/03)					
United Stalls Bankruptcy Court District of Nevada					PROOF OF CLAIM	
Name of Dubtor	_		Number			or ourself
USA COMI	MERCIAL MORTGASE COMPAN	7	06-	10725-LBR		
	hould not be used to make a claim for an admini-				nt .	
of the case. A requ	uest for payment of an administrative expense ma	ly be filed	pursuant to) II USC. § 703		
	The person or other entity to whom the			ou are aware that anyone		
CHAUES B	OUNN, IN TRUST DATED 8/12/05			n proof of claim relating to ttach copy of statement	°	
clo CHARLES	B DUNN, IN TRUSTEE		ing particul		I	
Name and address	where notices should be sent			ou have never received a he bankruptcy court in th		
CHANLES B	DUNN, IV	cas		ne bankrupicy court in th	13	
Grass Val	lene way			he address differs from the envelope sent to you by	e	
Telephone number	lene Way ley, CA 95949 -7161 (530) 273-3980	1	court.	curciope sear to you by	Tı	HIS SPACE IS FOR COURT USE ONLY
Last four digits of a	ccount or other number by which creditor		eck here	replaces	e 1 1 . 1 .	
identifies debtor		ir t	his claim	amends a previously		
1 Basis for Cla			1I	tiree benefits as defined		
Goods 9	sold s performed			ges salaries, and compe st four digits of your SS		(IIII out below)
Money!	loaned			paid compensation for s		performed
Personal Taxes	il injury/wrongful death		fro	m	to	
Other -	SEE EXHIBIT A			(datc)		(date)
2 Date debt wa	as incurred 5 - 27 - 04	3.	If cour	judgment, date obtain	ned.	
4.00						
4 Classification of Sec reverse side	of Claim Check the appropriate box or boxes the for important explanations	at best de			unt of th	e claim at the time case filed
Unsecured Nonp	riority Claim \$ 345, 498 04			d Claim		
Check this bo	ox if a) there is no collateral or lien securing you eds the value of the property securing it, or if c)	r claim o	r a right	heck this box if your clair of setoff)	m is seci	ured by collateral (including
b) your claim exceed only part of your c	eds the value of the property securing it, or if c) is also is entitled to priority	none or		,	1	
Unsecured Priorit				rief Description of Colla Real Estate Mot		de Other
LJ	x if you have an unsecured claim all or part of w		· -			IOWN
entitled to priority	x ii you have an unsecured cianni an or part or w	vnich is	Amoun	t of arrearage and other o	harges a	t time case filed included in
Amount entitled to	priority \$		secured	claim, if any \$ 4,	989	01
Specify the priority of	the claim	П	Un to \$2.	225* of denosits toward	purchase	e, lease or rental of property
	ort obligations under 11 USC § 507(a)(1)(A) o	_ LJ	or service	s for personal family or	househo	old use - 11 U S C
(a)(1)(B)	ar conganous under 11 U.S.C. 4 SUR(1)(1)(A) U	· 🗀	§ 507(a)(. •	111100 1000
Wages salaries	or commissions (up to \$10 000),* earned within	h 180 片				mits - 11 USC § 507(a)(8)
days before filing of business whichever	s, or commissions (up to \$10 000),* earned within the bankruptcy petition or cessation of the debters earlier - 11 U S C & 507(a)(4)	ل_ا ors ∡∡		pecify applicable paragra		und every 3 years thereafter
	to an employee benefit plan - 11 USC § 507(a		with respe	ect to cases commenced o	on or afte	er the date of adjustment
	nt of Claim at Time Case Filed		345,49	18.04 345.448.04		395,498 04
	if claim includes interest or other charges in add	lition to th	(unsecured	(secured)	(pnon	tv) (Total)
miterest or addit	uonai charges				cacii itei	mized statement of all
6 Credits The	e amount of all payments on this claim has been	credited :	and deduct	ed for the purpose of	Turs 3	SPACE IS FOR COURT USE ONLY
making this proof Supporting Do	of claim Ocuments Attach copies of supporting documents					
orders invoices	itemized statements of running accounts, contra	enus, such Icts court	as promiss rudoments	ory notes, purchase , mortgages, security		
agreements and	evidence of perfection of lien DO NOT SEN	D ORIGI	NAL DOC	UMENTS If the		
documents are n	ot available explain. If the documents are volui	minous, at	tach a sum	mary		• • • 1 2007
8 Date-Stamped addressed envelopment	Copy To receive an acknowledgment of the fil	ling of yo	ur claım, er	close a stamped salf.	j) '	1 1 200/
Date /	Sign and profit the name and title, if any, of the	he credito	r or other r	erson authorized to	1	
1/10/00	file this claim (attach copy of power of attor	ney if an	y)	The same of the sa		
וטוטוןי	Charle D.		IV	rustee	4	4
	CHARCES B. DUNN, IV			*		EILED JAN 11
renalty for present	ing fraudulent claim. Fine of up to \$500 000 or	unprisonn	nent for up	to 5 years or both. 18 U	SC §§	
						USA CMC

UNITED STATES BANKRUPTCY COURT	District of Nevada	PROOF OF CLAIM			
Name of Debtor	Case Number	FINOUR OF OPHIN			
USA COMMERCIAL MORTOACE G	06-10725-LBR				
NOTE This form should not be used to make a claim for an administrative expense in					
Name of Creditor (The person or other entity to whom the debtor owes money or property)	Check box if you are aware that anyone else has filed a proof of claim relating to				
CHARLES R MARADENÉ VEAN MARADEN					
Name and address where notices should be sent 12/16/03	Check box if you have never received any	Š			
Name and address where notices should be sent Linguist A Margoon	notices from the bankruptcy court in this case				
17505 CAPEN COEST DR	Check box if the address differs from the				
Deno NV 89511 Telephone number 778-851-8898	address on the envelope sent to you by the court.	THIS SPACE IS FOR COORE US ONLY			
Last four digits of account or other number by which creditor identifies debtor	Check here replaces of this claim amends a previously filed of	Yaım dated			
		في النواع المراجع المر			
1 Basis for Claim	Retiree benefits as defined in 1 1 Wages salaries and compensation	* '			
Goods sold Services performed	Last four digits of your SS #				
Money loaned Personal injury/wrongful deatn	Unpaid compensation for service	es performed			
Taxes SPP SCHIBIT A	fromto_	(date)			
M one					
2 Date debt was incurred 9-18-04	3. If court judgment, date obtained				
4 Classification of Claim Check the appropriate box or boxes i	hat best describe your claim and state the amount of	the claim at the time case filed			
See reverse side for important explanations Unsecured Nonpriority Claim 5/01,311.23	Secured Claim				
P	ur claim, or a right of setoff) Check this box if your claim is s	ecured by collateral (including			
Check this box if a) there is no collateral or lien securing yo b) your claim exceeds the value of the property securing it, or if c) only part of your claim is entitled to priority					
Unsecured Priority Claim Brief Description of Collateral V Real Estate Motor Vehicle Other					
Check this box if you have an unsecured claim all or part of which is Value of Collateral \$ UNKNOWN					
entitled to priority Amount of arrearage and other charges at time case filed included in					
Amount entitled to priority \$ secured claim, if any \$_/31/.23					
Specify the priority of the claim	Up to \$2,225* of deposits toward purch	ase lease or rental of property			
Domestic support obligations under 11 USC \$ 507(a)(1)(A) or \$ 507(a)(7)					
Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8					
days before filing of the hankruptcy petition or cessation of the del business whichever is earlier - 11 U S C \(\) 507(a)(4)	otor s U Omer - Specify applicable paragraph of				
Contributions to an employee benefit plan - 11 USC \$ 507(a)(4)	rimound are subject to adjustment on 1-2 o	I/ and every 3 years thereafter after the date of adjustment			
5 Total Amount of Claim at Time Case Filed	\$/0/31/23 /0/311-23	/01311 23			
Name of the state	(unsecured) (secured) (pri	ority) (Total)			
Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.					
6 Credits The amount of all payments on this claim has been credited and deducted for the purpose of This SPACE IS HOR COURT US. ONLY making this proof of claim					
7 Supporting Documents Arach cornes of supporting documents, such as promissory notes purchase					
orders invoices itemized statements of running accounts contracts, court judgments, mortgages, security					
agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain if the documents are voluminous attach a summary					
8 Date-Stamped Copy To receive an acknowledgment of the					
addressed envelope and copy of this proof of claim Date Sign and print the name and title, if any of the creditor or other person authorized to					
Date Sign and print the name and title, if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any) FILED JAN 11 2007					
1-8-07 Chas Maraden	Tauste	USA CMC			
Penal y for presenting fraudulen claim Fine of up to \$500 000 c	or imprisonment for up to 5 years or both 18 U s	1072502060			

	icial Follif To) (To/os)					
UNITED STATE	S BANKRUPICY COURT	Dis	TRIC 1	OF_	Nevada	PROOF OF CLAIM
Name of Dubtor		Case	Number			PROOF OF CLAIM
USA CON	MMERCIAL MORTEAGE C	0	06 ,	10	125 XBR	
NOTE This form	should not be used to make a claim for an admini	strative ex	pense ans	sing	after the commencement	
of the case A re	equest for payment of an administrative expense in	ay be filed	pursuant	to I	I USC § 503	
Name of Creditor	(The person or other entity to whom the	Che	ck box i	f voi	are aware that anyone	-
debtor owes mone	cy or property) RONALD A JDHNSON OF CIT 8.8 ING PEUSION	clse	has filed	1 a p	roof of claim relating to	
PLAN	OF CITSIB AND PENSION	you	r claim ing partic		ch copy of statement	
					, I have never received an	,
	s where notices should be sent	not	ces from		bankruptcy court in this	
50 SNIDE	RWAY	Che		fihe	address differs from the	
SPARKS	1115-359 9415	add	ress on th		velope sent to you by	THIS SPACE IS FOR COURT USE ONLY
Last four digits of	account or other number by which creditor		court.	7 7		THIS OTHER IS NOW CHORT ON THE
identifies debtor	account of other number by which creditor	1	ck here		replaces amends a previously fi	iled clasm dated
1 Rasis for C	1					
Goods					e benefits as defined in	
	es performed		⊔ ″	ast f	s salaries and compen our digits of your SS #	sation (IIII out below)
	loaned				id compensation for se	
	al injury/wrongful death		fr	om		_ to
Other	SEE EXHIBIT A				(date)	(date)
2 Date debt v	was incurred	3.	If cou	rt i	idgment, date obtaine	
	3/05				-ag	
4 Classification	of Claim Check the appropriate box or boxes th	at best des	cnbe you	ır cl	aim and state the amoun	it of the claim at the time case filed
See reverse side	tor important explanations.				Claim	
	priority Claim \$ <u>202,800</u>		X	Cha	ak this hav if your aloum	an annual the sufficient of the
Check this b	oox if a) there is no collateral or lien securing you eeds the value of the property securing it, or if c)	r claim, or	a righ	t of	setoff)	is secured by collateral (including
only part of your	claim is entitled to priority	HONE OF		Впе	f Description of Collate	rai
Unsecured Priority Claim Real Estate Motor Vehicle Other						
Check this box if you have an unsecured claim all or part of which is Value of Collateral SUNKNOWN						
entitled to priority Amount of arrearage and other charges at time case filed included in						
Amount entitled to priority \$ secured claim if any \$2,800						
Specify the priority o	f the claim		Up to \$2	2 225	* of deposits toward pi	urchase lease or rental of property
Domestic supr	port obligations under 11 USC § 507(a)(1)(A) o	. U	or service	ces f	or personal family or h	ousehold use - 11 U S C
(a)(1)(B)	30/(a)(1)(A) 0	_	§ 507(a)			
Wages salarie	s, or commissions (up to \$10,000),* earned within	1 1 2 A				ental units - 1! USC § 507(a)(8)
days before filing of	of the bankruptcy petition or cessation of the debter is earlier - 11 USC \$ 507(a)(4)	or's 📙				h of 11 USC § 507(a)()
	s to an employee benefit plan - 11 USC § 507(a	TAN	iounis ar with resi	e sui sect	bject to adjustment on 4, to cases commenced on	/1/07 and every 3 years thereafter or after the date of adjustment
)(3)	101	2A	4 444	
_	ant of Claim at Time Case Filed	S.	(unsecur	4 <i>VL</i>	(secured)	(priority) (Total)
Check this box	of claim includes interest or other charges in additional charges.	lition to the	principa	al an	nount of the claim Atta	(priority) (Total) ich itemized statement of all
- C - 11	cional charges.					
making this pro	e amount of all payments on this claim has been of of claim	credited a	na deduc	ted	for the purpose of	THIS SPACE IS FOR COURT USE ONLY
	ocuments Attach copies of supporting docume	ents, such a	s promis	sorv	notes, purchase	
orders invoices	itemized statements of running accounts contra	cts court i	udgmeni	ts. m	ortgages security	
agreements and	d evidence of perfection of lien DO NOT SEN	D ORIGIN	IAL DO	CUN	MENTS If the Fi	ED JAN 1 2 2007
	not available explain. If the documents are voluments				ry	
8 Date-Stamped addressed envel	Copy To receive an acknowledgment of the fill ope and copy of this proof of claim	ing of you	r claım, e	enclo	ose a stamped self-	
Date	Sign and print the name and title if any, of the	ne creditor	or other	per	son authorized to	
1/0/00	file this claim (attach copy of power of attor	ney if Any)			
1/8/07	Knah d	Mas	110	1	- t	USA CMC
						51 6 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Penalty for present	ting fraudulent claim Fine of up to \$500 000 or	ımprısonm	ent for up	p to	5 years or both 18 U S	C 1072502261

UNITED STAILS BANKRUPTCY COURT	DISTRICT OF Nevada	
Name of Debtor	Case Number	PROOF OF CLAIM
USA Commercial Mortgage Company	06-10725-1	
NOTE This form should not be used to make a claim for an admini- of the case. A request for payment of an administrative expense ma	it	
Name of Creditor (The person or other entity to whom the dubtor owes money or property) Larry R. Colborn the Lerattee A Colborn Trustaes for the colborn Revocable Living Trust dated 8/6/90 Name and address where notices should be sent Larry & Loretta Colborn 1127 Broken Wagen Treil	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. Check box if you have never received a notices from the bankruptcy court in the case.	o ny
Deway, AZ 86327 Telephone number (928) 775-2906	Check box if the address differs from the address on the envelope sent to you by the court.	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor	Check here replaces a previously	filed claim dated 12/12/06
Goods sold Services performed Money loaned Personal injury/wrongful death Taxes	Retiree benefits as defined wages salaries, and compe Last four digits of your SS Unpaid compensation for s from(date)	nsation (fill out below) #
Taxes Other See Exhibit A 2. Date debt was incurred 03/26/04	3 If court judgment, date obtain	
4 Classification of Claim Check the appropriate box or boxes the See reverse side for important explanations. Unsecured Nonpriority Claim \$ 244, 204.06 Check this box if a) there is no collateral or lien securing your b) your claim exceeds the value of the property securing it or if c) is only part of your claim is entitled to priority. Unsecured Priority Claim Check this box if you have an unsecured claim all or part of we entitled to priority. Amount entitled to priority. Specify the priority of the claim. Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). Wages salaries, or commissions (up to \$10,000),* earned within days before filing of the bankruptcy petition or cessation of the debte business whichever is earlier - 11 U.S.C. § 507(a)(4). Contributions to an employee benefit plan - 11 U.S.C. § 507(a). Total Amount of Claim at Time Case Filed. Check this box if claim includes interest or other charges in addinterest or additional charges.	Secured Claim Check this box if your claim a right of setoff) Brief Description of Collate Management Manage	teral or Vehicle Other harges at time case filed included in 95-0/ purchase lease or rental of property household use - 11 U S C mental units - 11 U S C § 507(a)(8) ph of 11 U S C § 507(a)() 4/1/07 and every 3 years thereafter in or after the date of adjustment
6 Credits The amount of all payments on this claim has been making this proof of claim 7 Supporting Documents. Attach copies of supporting docume orders invoices itemized statements of running accounts contrate agreements and evidence of perfection of lien. DO NOT SENI documents are not available explain. If the documents are volum. 8 Date-Stamped Copy. To receive an acknowledgment of the fill addressed envelope and copy of this proof of claim. Date. Sign and print the name and title, if any, of the state	ents, such as promissory notes purchase cts, court judgments, mortgages, security D ORIGINAL DOCUMENTS If the ninous attach a summary ang of your claim enclose a stamped, self-	THIS SPACE IS LOR COURT USE ONLY FILED JAN 1 2 200
1/10/07 file this claim (attach copy of power of attorn Sortial Wollborn 7		USA CMC